

support. The following study is among the first to address these barriers using a remotely delivered, one-on-one caregiver intervention. Caregivers ($n=93$) of patients with severe and enduring mental health difficulties took part in a tailored psychoeducation and skills training intervention, consisting of weekly 40 minute videoconference or telephone sessions with a trained clinician. Caregivers completed the Involvement Evaluation Questionnaire (IEQ) and General Health Questionnaire (GHQ-12) at baseline, and eight sessions (mid treatment). It was hypothesized that caregivers would show a reduction of distress and burden in response to the intervention. Interim comparison of pre- versus 8th session measures demonstrated a highly significant reduction in GHQ scores ($P<0.001$), as well as a highly significant reduction in IEQ scores ($P<0.001$). Results suggest that remotely provided, one-on-one, tailored psycho-education and skills training may be an effective and accessible intervention to improve the well-being of, and decrease burden in, caregivers of mental health patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.755>

EW638

Evaluation of suicide risk in psychiatric patients after discharge. A follow-up study

G. Giordano^{1,*}, R. Federica², E. Denise¹, M. Monica¹, I. Marco¹, P. Maurizio¹

¹ Mental Health and Sensory Organs Sant'Andrea Hospital Sapienza University of Roma- Rome- Italy., Department of Neurosciences, Rome, Italy

² Mental Health and Sensory Organs Sant'Andrea Hospital Sapienza University of Roma- Rome- Italy, Department of Neurosciences, Rome, Italy

* Corresponding author.

Résumé

Introduction Several studies show that the first period after discharge has an higher suicide risk.

Objectives Following up psychiatric inpatients after discharge may be important in order to better understand the risk and the protective factors of suicide.

Aim The aim of our follow-up study is to evaluate the predictive factors of suicide in a sample of psychiatric inpatients after discharge.

Methods We analyzed the temperament and the levels of hopelessness, depression, suicide risk in a sample of 87 (54% males) inpatients at time T0 (during the hospitalization), T1 (12 months after discharge) and T2 (8 months after T1). We administered the following scales: BHS, MINI, TEMPS, GMDS, CGI.

Results A statistically significant difference on the risk of suicide with substance abuse was found among patients who were followed up and who refused to participate, respectively at T1 ($\chi^2_4=2.61$; $P<0.05$) and T2 ($\chi^2_4=1.57$; $P=0.05$). At T1, 4 patients attempted suicide and 18 showed suicidal ideation. In the second follow-up, 1 patient successful committed suicide, 1 subject attempted suicide and 10 patients showed suicidal ideation. Patients with suicidal ideation at T1 showed higher levels of hopelessness and a diagnosis of bipolar disorder type I ($\chi^2_4=10.28$; $P=0.05$). Sixty-seven percent of subjects with suicidal ideation showed higher scores in the BHS at T1. Significant differences were found on the anxious temperament at T2 between two groups.

Conclusions The follow-up could represent a significant strategy to prevent suicide in psychiatric patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.756>

EW639

Tendency to stigmatization of mentally ill people by university students in the Czech Republic

M. Holubova^{1,2,*}, J. Prasko¹, H. Klimusova³

¹ Faculty of Medicine and Dentistry-Palacky University Olomouc-University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

² Regional Hospital Liberec, Department of Psychiatry, Liberec, Czech Republic

³ Institute of Psychology of the Faculty of Philosophy, Masaryk University, Brno, Czech Republic

* Corresponding author.

Introduction Mental illness is still surrounded by false myths, stereotypes and prejudices. Stigmatization is a social problem on a national and international level and may lead to discrimination.

Objectives Stigmatization has a negative impact on patient's life, treatment seeking, self-image, adherence and mental health recovery.

Aims The aim of the study was to examine the tendency to stigmatization of mentally ill people by university students in the Czech Republic.

Methods The constructed questionnaire called Tendency to stigmatization TTS (Cronbach's $\alpha=0.952$), demographic questionnaire and tentative shortened version of personality questionnaire NEO-PI-R were administered on Facebook offered to student groups.

Results The statistical analysis of data from 1350 students showed a relatively high tendency to stigmatization depending on age (stigma is lower with age), gender (women have a lower TTS than men), studied university, faculty, educational focus. The lowest rate of stigmatization had students of psychology. Students of economics, management, informatics and engineering disciplines stigmatize in a high degree. Social oriented students had the lowest TTS, technically orientated the highest. The TTS also depends on personal agreeableness (low-friendly students had a higher TTS) and neuroticism (mentally unstable students had slight TTS). Lower TTS had students who attended psychopathological/psychiatric subject at school, also students, who personally met or know somebody with mental disease and students with mental health problems (Table 1).

Table 1 Description of the sample, demographic data.

Table 1: Description of the sample, demographic data

VARIABLE	MEAN AND STANDARD DEVIATION
Age	22 ± 3.79
Gender (M: F)	329 : 1021
Nationality	
Czech	1193 (88.4%)
Slovak	139 (10.3%)
Other	17 (1.3%)
Academic orientation:	
Arts focus	739 (54.7 %)
Science focus	375 (27.8 %)
Technical focus	178 (13.2 %)
Other	58 (4.4 %)
Field of study	
scientists and chemists	233 (17.3%)
teachers	166 (12.4%)
economists and managers	131 (9.7%)
sociologists, social workers, journalists	131 (9.7%)
medical students and health professionals	125 (9.3%)
linguists	104 (7.8%)
lawyers	99 (7.3%)
psychologists	110 (8.1%)
archaeologists, historians, philosophers, religionists and artists	84 (6.5%)
engineers and builders	78 (6.1%)
Marital Status:	
single	951 (70.4 %)
with partner	339 (25.1 %)
married	51 (3.8 %)
divorced with partner	3 (0.2 %)
divorced without partner	4 (0.3%)
Subject of psychopathology or psychiatry YES/NO	301 / 1049
Knowledge mentally ill nearby YES/NO	830 / 520
Personal contact with mentally ill YES/NO	987 / 363
Treatments for mental problems	239 / 1091

Conclusions Our study suggests the importance of stigmatization already among university students according to their academic orientation. Understanding the process of stigmatization is important for future efforts to find possible solutions and de-stigmatization of mental illness in society.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.757>

EW640

Capturing depression with your smartphone: Validity and utilization of iHOPE for depressed patients in Taiwan

G. Chin-Lun Hung^{1,*}, M.S. Li¹, Y.L. Chen², J.H. Chiang²

¹ Department of Psychiatry, Taipei City Psychiatric Center, Taipei City Hospital, Taipei, Taiwan

² Department of Computer Science and Information Engineering, National Cheng Kung University, Tainan, Taiwan

* Corresponding author.

Introduction Clinical assessment for depression, to date, has relied heavily on patients' retrospective report, which is liable to recall bias.

Objectives A number of mobile applications for ecological momentary assessment (EMA) of depressive disorder have been piloted, however, evidence regarding their validity and acceptance is limited.

Aims In this study, we examined the association between Hamilton Rating Scale for Depression (HAM-D) and EMA of depressive symptoms via a smartphone application and demonstrated the level and determinants of utilization.

Methods Our mobile phone application, iHOPE, would perform EMA of depression, anxiety, sleep and cognitive ability. Outpatients with depressive disorder were invited to use iHOPE for 8 weeks. Smartphone usage patterns and clinical characteristics were assessed.

Results We enrolled 59 outpatients with depression (38 [64.4%] women; mean [SD] age = 37.3 [13.9] years). In 8 weeks, participants interacted with iHOPE for an average of 10.8 (SD = 12.3) days; a trend of decreased frequency of use ($P = 0.03$) was observed. Scores of HAM-D at baseline was associated with, of the first 14 days, scores of PHQ-9 ($P = 0.005$), visual analogue scale of depression ($P = 0.003$) and anxiety.

Conclusions EMA via mobile technology appears to be valid and feasible for Asian patients with depression. Mobile health has a potential for the assessment of depressive disorder in areas with limited awareness and resource for mental health conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.758>

EW641

The effect of the financial crisis in Greece on the health habits of young adults

D. Menti¹, V. Fanioudaki¹, G. Lyrakos^{2,*}

¹ City Unity College, MSc Health Psychology, Psychology Department, Athens, Greece

² General Hospital Nikaia "Ag. Panteleimon", Psychiatric Department, Nikaia, Greece

* Corresponding author.

Background Periods of financial crisis have been strongly associated with changes in the health habits of affected individuals. Previous research suggests that these periods usually affect drink-

ing, smoking, physical activity and eating habits, thus affecting our psychophysical health as well.

Aim To investigate the effect of the financial crisis in Greece on the health habits of young adults.

Method Two hundred and seven Greek young adults participated in the study, 75 (36.2%) males and 132 (63.8%) females, with a mean age of 29. Analysis of data was conducted with Anova, Ancova, regression and correlation analyses, using the SPSS software.

Results The findings showed a significant effect of the financial crisis on drinking patterns ($F(1.173) = 4.488, P = 0.036$). Individuals whose income was reduced consumed less alcohol ($M = 11.646, SD = 1.434$) compared to individuals who had not experienced such a reduction ($M = 17.957, SD = 2.611$). There was a significant effect of annual income on BMI ($F(4.10) = 3.74, P = 0.001, \eta_p^2 = 0.96$), after controlling for the effect of exercise intensity ($F(1.10) = 4.58, P = 0.034, \eta_p^2 = 0.31$). However, the financial crisis did not significantly affect exercise, smoking behaviour or eating habits ($P > 0.05$). Significant correlations between tobacco use and drinking were found ($r(206) = 0.22, P < 0.001$). A significant correlation was also found between exercise and the consumption of fruits and vegetables ($r(174) = 0.26, P < 0.001$).

Conclusion The financial crisis reduced alcohol consumption whilst it did not affect physical activity, smoking or eating habits. These findings allow us to propose that, despite the bleak reality of a period of financial crisis, such periods could actually lead to the reduction of unhealthy behaviours.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.759>

EW642

Comparison of metabolic syndrome between patients with severe mental disorders

B. Mata Saenz^{1,*}, S.L. Romero Guillena²,

B.O. Plasencia García de Diego³

¹ Hospital General Universitario de Ciudad Real, Psychiatry, Ciudad Real, Spain

² Hospital Universitario Virgen Macarena, Psychiatry, Seville, Spain

³ Hospital de la Merced, Psychiatry, Osuna, Spain

* Corresponding author.

Introduction Metabolic alterations are one of the main causes of mortality and morbidity associated with cardiovascular disease in patients with severe mental disorders. Polypharmacy has been shown to increase the risk.

Objectives To check the patients with schizophrenia and bipolar disorder admitted to our unit and their metabolic parameters.

Aims To assess the prevalence of thyroid dysfunction, diabetes and dyslipidemia in patients diagnosed with these disorders admitted to our unit between 2013 and 2014, and compare the results.

Methods We conducted an epidemiological, observational, retrospective study of patients with these disorders admitted to our unit in this period. Clinical and socio-demographic variables were collected and analyzed by The Statistical Package for Social Science version 19.0.

Results No association was detected between treatment with antipsychotics (typical/atypical) and metabolic variables. This may be due to the fact that mostly of patients received a combination treatment of both (Table 1).

Conclusions Dyslipidemia and diabetes seem to be more prevalent in patients with schizophrenia in our sample, but thyroid dysfunction is more prevalent in patients with bipolar disorder. However, the two samples are very different so more studies are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.